



Stay Dry: What you need to know about bladder control

By Dr. Jeffrey Norris



Loss of bladder control is a devastating problem faced by millions of men and women in this country. It affects one's physical health as well as one's emotional sense of well-being. In addition, the cost of incontinence products can be substantial. Unfortunately, many women are mistakenly under the impression that loss of bladder control is a normal part of aging that is to be accepted and not treated. Many refuse to mention the problem to their doctors because they are embarrassed. Eventually, this mindset may result in physical problems such as skin irritation. It can also affect a woman's willingness to participate in certain activities. Many women will say that they no longer exercise because the activity causes them to leak urine. Others will avoid social activities because they are afraid of being embarrassed. Almost all women that are treated will say that they wish they had sought treatment for their problem sooner.

EVALUATING THE PROBLEM

It is very important for your doctor to obtain a detailed history and to perform a physical examination. This information helps the doctor determine the type of bladder control problem the patient is experiencing. The two most common bladder control problems are *stress incontinence* and *urge incontinence*. Although the end result is similar...unwanted loss of urine...the treatments for each problem are different. For this reason, it is essential that your physician makes a proper diagnosis.

Patients with urge incontinence will experience a sudden strong urge to void followed by uncontrollable loss of urine. Many women will say, "I lose urine on my way to the bathroom," or "I leak as soon as I put the key in the door." Sometimes, this problem is caused by medications (i.e. diuretics), neurological disorders (i.e. stroke, spine disease), urinary infection, or age related changes of the bladder. A voiding diary, in which the patient records fluid intake, frequency of urination, and number of incontinence episodes can be a very helpful tool in allowing the physician to understand the severity of the problem as well as contributing factors. A urine sample can be evaluated to determine if infection is present. Sometimes a special bladder test called a urodynamic study may be required to better understand the patient's condition. This test is commonly done in the urologist's office. It gives information regarding the bladder's ability to store and empty urine. This is the most accurate method of determining the exact nature of a bladder disorder.

Stress incontinence is the involuntary loss of urine that occurs during physical activity. Patient's will say, "I lose urine when I cough, sneeze or exercise." This occurs as a result of damage or weakening of the muscles and support structures in the pelvis. In the normal condition, the muscles and support structures of the pelvis keep the urethra closed during physical activity. These structures can be damaged during childbirth, previous pelvic surgery, or after long periods of straining, lifting or chronic cough. This damage prevents urethral closure during strenuous activity and causes stress urinary incontinence. This can be diagnosed by a simple examination in which the patient is asked to cough with a full bladder. If leakage of urine is observed, the patient most likely has stress incontinence. This condition is often accompanied by a dropped bladder (cystocele) or fallen uterus (uterine prolapse). Patients with these conditions will notice a bulge or sensation of heaviness in the vagina. If present, these conditions must be identified before treatment recommendations are made.

TREATING THE PROBLEM

Many women do not mention their urinary control problem to their doctors because they are afraid that surgery is the only treatment that will be offered. Many are surprised to discover that non-invasive treatments are often effective. For patients with overactive bladders and urge incontinence, *behavioral therapy* is all that is needed. This may require reduction of fluid intake and avoidance of caffeinated and alcoholic beverages. Occasionally, changes in medication can be helpful. Timed voiding techniques, or scheduled trips to the bathroom, is also very helpful. *Pelvic floor therapy* is another very effective, non-invasive treatment. A nurse or physical therapist helps patients identify and strengthen the muscles of the pelvis. Many women are familiar with Kegel exercises, but are surprised to find that they are doing the exercises incorrectly. With good coaching and the use of biofeedback techniques, these exercises can be extremely effective in reducing urinary urgency, urinary frequency and urge incontinence. For those women that are unable to do the exercises or do not find them helpful, *medication* is an option. The medication relaxes the bladder muscle and may reduce symptoms of overactive bladder. But, medicine is most effective when combined with behavioral therapy and pelvic floor exercises. Before starting these medications, it is important for the doctor to be certain that the bladder empties well or the symptoms may worsen.

Surgery is often necessary in patients with stress incontinence. Some mild cases may respond well

to pelvic floor exercises. In most cases the surgery recommended for stress urinary incontinence is minimally invasive and very effective. A sling procedure is commonly performed to restore support to the urethra. This is done by positioning a thin patch of material in the space between the vagina and the urethra. Patients often feel little or no pain after the procedure and can usually go home within 24 hours. Newer techniques have improved the long-term success and patient satisfaction rates following surgery. Injection of a bulking agent (i.e. collagen) is another minimally invasive procedure that can be used in some patients with stress incontinence. This procedure can sometimes be performed without the need for general anesthesia. Nevertheless, it is less likely to result in complete restoration of continence, and it may require several repeat treatments before patients are satisfied.

CONCLUSION

Urinary incontinence is a common problem that causes embarrassment, discomfort, and unnecessary expense to the patients it affects. Proper diagnosis and treatment can greatly improve one's quality of life. If you suffer from urinary incontinence, mention it to your doctor and be sure that you are evaluated by a specialist that can help you.

Dr. Norris received his undergraduate degree with distinction, from the University of Michigan and his medical degree from Stritch School of Medicine, Loyola University. At Stritch he completed his internships and residencies in urology and surgery. Dr. Norris was a clinical fellow from 1995 to 1996 at Harvard Medical School.

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